

Therapeutic Effects of the Agency's Physical and Social Environment in Social Welfare Settings—A Review of the  
Literature.

An Honors Thesis Honors 390

by

Jason Skinner

Thesis Advisor

Pam Miller

*Pam Miller*

Ball State University

Muncie, Indiana

May 6, 1998

Graduation May 9, 1998

## Therapeutic effects of the agency's physical and social environment in social welfare settings—A Review of the Literature.

*A lady is suffering from depression. She has had this ailment for several years and, after a failed attempt at suicide was prompted by her friends to receive counseling. She is a poor lady and does not have a car, so she rides the bus for forty-five minutes to the counseling center, which drops her off a half-mile away from the agency. After walking this half-mile on a hot, humid day, she finally arrives where the agency is supposed to be located at, but can not find any clearly marked indicators advertising the agency's location. After stumbling around from building to building through the decaying landscape, she finally comes to a dirty building with the words, "Counseling Center for Low-Income People" marked across its front door. Grimacing at the implications of this name concerning her own status, she hesitantly proceeds into the agency.*

*Upon entering the building she is overwhelmed by the seemingly large number of people cramped into the waiting area. She proceeds to what she thinks is the receptionist's desk, but is abruptly told by the person there that she is at the wrong place and the desk for client intake is around the corner. She proceeds around the corner to find a doorway to the stairs, so backtracking she discovers she went around the wrong corner and then proceeds around the right one. At the receptionist's desk she is not greeted by the ladies sitting there until after they have finished their important conversation about what they will be wearing to some event that evening. They grumpily then greet her and curtly inform her as to what paper work she will need to fill out. After filling out the paper work they then tell her to go wait in the lobby with the rest of the people. So she proceeds to wait in the lobby for an indefinite period of time. She is bored out of her mind because the lobby is cramped, nobody is talking to each other and there are only a few magazines available to occupy peoples' attention. After waiting for what seems like hours and hours, and seeing people that arrived at the agency after her served first, she finally decides to forget about the counseling she so desperately needs and leaves, even more depressed and frustrated.*

During the past few decades the ideology of treating clients from a holistic orientation has become prevalent in the human service professions because of increased understanding about how a myriad of forces affect a person's overall well being. A wide variety of factors, other than the counselor-client relationship, can, and do, affect the outcomes of therapy. Human service professionals now must take into consideration the effects of the

aesthetics of the agency's physical and social environments as therapeutic influences upon the psyche of their clients. Therefore, as a result of this realization, it is incumbent upon the social worker to utilize this knowledge and take action to ensure that, instead of producing negative effects, these influences will create positive effects.

### **Reasons Why the Environment's Effects Have Been Ignored**

It is possible to state, merely from observing many social service settings and from the dearth of literature on the subject in social work journals, that traditionally and currently, most social workers do not include the agency environment into their therapeutic orientations. Maluccio (1979) says the reason for this may be that traditionally, social workers have been preoccupied with the value of parsimony when dealing with poor clients, rather than wasting resources on providing comfortable physical facilities. Social workers have also traditionally viewed the relationship between the counselor and client as the primary therapeutic factor and have not viewed the comfortable physical facilities as having much impact.

Because of the dearth of information about this subject in social work literature, one might assume that it is a relatively new, alternative topic with little empirical evidence to substantiate its validity as a relevant variable in social work practice. However, most of the ideas put forth in the following discussion have been studied in the field of environmental psychology for the past thirty or forty years. Most of these principles actually have been applied to some social work settings where residential treatment is provided, such as psychiatric hospitals, nursing homes, etc., in efforts to improve the overall quality of life for those clients. However, general adoption of these therapeutic principles into most settings has yet to occur. Therefore, it is probable that because of social workers' predisposition toward the traditional view that the client-counselor relationship is the primary therapeutic factor, they fail to recognize the impact of the agency environment.

### **The Totality of the Environmental Influence**

Proshansky, Ittelson, and Rivlin (1970) state that "the study of environmental process from the point of view of a particular participant in that process creates a situation dichotomized into participant, on the one hand, and all other environmental components, on the other" (35). This means that social workers whose interest is in the well being of their clients must take into account all the ways that every single aspect of the environment can have effects upon those clients. In Gutheil (1996) it is stated that our surroundings have effect on our emotions, health,

intelligence, our sense of self and safety, what work we do, how we interact with people, etc. These effects, though in many areas generalizable to all humans due to shared physiological or cultural traits, are subjective perceptions acted upon by the individual on a conscious and, as Proshansky et al. implies, subconscious level. Canter and Canter (1979) point out that some would take this line of thinking to the extreme of viewing the environment as the primary therapeutic agent, being more important than, or just as important as, the interaction between the worker and the client. Therefore, for the social worker to be enabled to better facilitate client advancement in the healing process, an understanding of how the environment, and the way the environment effects the client, needs to be ascertained by attempts to tap into the client's conscious and sub-conscious, subjective perspective.

In order to implement this ideology of regarding the physical environment as a therapeutic tool, it is imperative to realize that the physical environment exerts its influence by communicating to clients on a non-verbal plane. Resnick, H., and Jaffee, B., (1982) declare that the physical environment serves the purpose of communicating information about an agency's purpose (such as control, healing, recreation, etc.), individual dynamics (such as personal idiosyncracies), and social system attributes (such as power distribution, social norms, or a lack, thereof). Ruesch, J., and Kees, W. (1964) points out that the social environment, in tandem with the physical, also conveys information about the agency. "In the practice of communication we are continually assessing our material surroundings, making attempts at identifying others and their roles, their status, and their group membership in order to arrive at a kind of diagnosis that will combine all these factors into an integral pattern: the social situation" (144). These factors just mentioned can be communicated on the non-verbal level.

Once again the importance of what the client perceives is imperative to whether or not their experience will be positive or negative. Fitch, J.M. (1965) proposes that "everything the architect (or person responsible for client well being—the social worker) does, every form he adopts or material he specifies, has aesthetic repercussions. His problem is thus not Hamlet's 'to act or not to act.' It is rather to act wisely, understanding the total consequences of his decision" (83). Architecture was made from man, for man. It's value is determined by man's reaction to it. Therefore, architecture is experience, is emotion, and is part of the therapeutic influence upon the client because the client does react to it. The central purpose of architecture "is to intervene in man's favor" (83), as is the central purpose of the social worker. Therefore, the client needs to feel that the building the agency is in was made for him.

Every aspect should cater to his physical and psychological needs. If the building is drab and dirty, then the client will feel drab and dirty. If the building is bright and clean, then the client will feel bright and clean.

In the study conducted by Maluccio, a major issue negatively impacting clients' perceptions about services was the stigma of receiving services from an agency of poor physical condition. These clients were going to the agency for help and felt stigmatized by the agency. Obviously a counter-productive effect was produced that prevented the goal of therapy, as happens in many social welfare agencies when the social workers are not aware of, or do not even consider, how the total environmental milieu affects their clients.

In taking a more holistic approach to what affects therapy outcomes in clients by considering the physical environment's influence on emotion, cognition, and behavior, it is important to understand the totality of these influences. Canter and Canter suggest that "no one aspect of the provision of therapeutic facilities, be it drugs, therapists, buildings, or any of those provisions which are encompassed under the label 'environment', can on their own produce radically improved services" (3). Resnick and Jaffee take a different stance. They say that one aspect or the entire gestalt of the agency can elicit positive or negative effects in the client. It may be that the ambiance (entire gestalt) of the setting feels warm and caring except for a single object, such as a lamp, painting, receptionist, or a stuffed fish, which is out of place or particularly offensive, therefore tarnishing the whole experience for the client. On the other hand, since the overall setting is positive for the client, it may be possible to overlook this one, singularly negative object. The reverse would be that the overall ambiance of the setting is negative for the client but one single object, such as a lamp, painting, receptionist, or a stuffed fish, elicits positive effects. A prudent approach for facilitating the totality of environmental effects therapeutically would be to maintain an overall ambiance that is pleasant, rather than dull or indifferent, while still attempting to be aware of any particular stimuli that produce significant positive or negative effects.

### **Continual Process**

It is important for social workers to view environmental influences as a continual process that needs to be evaluated over and over again. There is no guarantee that once environmentally therapeutic designs are in place that they will function exactly the way they were meant to. As Proshansky et al. observes "how and for what purposes individuals use space is by no means a simple reflection of the functional nature of that space determined either by its

physical design or its administrative 'label' (30). The area designed for reading while waiting for services may not ever be used because most clients prefer watching television or chatting with the receptionists.

Besides the fact that people do not always behave as they are expected to, the notions about 'what is expected' change over time as different norms and organizational goals change. For example, if the agency's clientele used to be primarily Hispanic, then the seating arrangements in the waiting room could be grouped rather closely together because of that populations close personal space distances. If the clientele changed to being primarily Caucasian then the seating should be spaced farther apart to account for the new population's larger distance for personal space. Another example would be if the agency wanted to include services to the physically disabled, they would have to install ramps, lower the receptionists' counter so that these clients can see the receptionists and feel comfortable talking to them, provide space in the waiting areas for wheel chairs, etc.

Since environmental design is a continual process the problem solving principles of assessment, planning, implementation, and evaluation are useful. Stokols (1996) recognizes predesign research and postoccupancy evaluation as common factors in environment-behavior research. Predesign research would be useful in assessing what problems are common in social service settings as a result of poor environmental design. Postoccupancy evaluation would be useful in seeing which environmental designs work and which ones do not work for the particular setting. The necessary changes could be made then and over and over again with continual evaluations.

### **Communicating With Clients**

When proceeding with the assessment, planning, implementation, and evaluation it is essential to include the ideas of the agency's clientele into the process, because they are the people for whom the changes are being made. Therefore, the counselors need to communicate with the clients about what exactly the clients feel could be changed in the environment to better facilitate a positive experience for them. Communication is also important for letting the clients know that the agency is genuinely concerned about their needs. Therefore, as Gutheil suggests, the negative effects of poor environmental design can be alleviated because the counselors recognized the clients' concerns during their sessions. Even if the agency does not have the money to change physical structures that inhibit therapy, by recognizing clients' concerns the agency communicates caring and regard for them.

It is also important to note that massive environmental change is not always necessary. When the agency

communicates with their clients about what aspects of the environment bothers them, it may be able to isolate certain key variables that are causing the problems. A minimal change then may be all that is necessary to ensure client satisfaction.

### **Physical Influences**

When evaluating whether the physical environment's, or the social environment's, influence on therapy garners the most attention out of social workers, it can probably be assumed that the social influence wins, because social workers already have a social orientation due to the nature of the profession. However, as the preceding and following discussion argues, the 'unknown', lesser influence of the physical environment has considerable effect upon people. Proshansky et al. says, "physical settings –simple or complex- evoke complex human responses in the form of feelings, attitudes, values, expectancies, and desires" (28). Then, as Fitch proposes, in order for architecture (the physical environment) to be successful in meeting all of man's needs, it needs to use biological, psychological, and social orientations to manipulate as many elements as possible to meet those needs. Some of these elements are light, odor, location, sound, surface, space, color, heat and air, etc.

### **Location**

One of the physical factors that may be the hardest to control for, but is important considering its influence, is the location of the agency. As noted by Maluccio and Gutheil, location has the ability to engender feelings of anxiety, frustration, stigma or welcome in clients. The key is to put the agency in a location that best fits the needs of the clients being served. In the Maluccio article, many of the clients were middle class and felt stigmatized going to services in a lower class neighborhood. On the other hand, if the majority of the clients are low-income they will, in many cases, have problems getting to the agency because they can not afford automobiles, or the fare for a bus ticket. This brings to mind the case of a philanthropic private agency that increased its client load by moving a mere three-quarters of a mile away, initially for the purpose of saving money in rent. The new location was in a low-income neighborhood, in walking distance for many clients, and three blocks from the central bus station. If changing a location is not an option, or even if it is, processing problems engendered from location with clients, letting them know the agency is aware of their concerns and sympathizes with them, will help to ease their anxieties and frustrations.

## Appearance

The appearance of the agency's physical environment can communicate and elicit a range of emotions and behaviors from clients. Most of the clients treated by social workers have problems that engender within them feelings of being different, oddness, or peculiarity. If the agency appears strikingly different from the rest of the community then that will reinforce these feelings of estrangement within the clients. As Canter and Canter suggest, "in order to make people 'whole' or more like others in the community, it is essential to provide an environment which is part of the community and as similar to other normal environments as possible" (3). If the agency is a dark or dull looking building amidst bright and vibrant ones, then obviously a message of difference is conveyed. Along with conveying a message of difference to the clients, the buildings also may elicit feelings of dark and dullness within the clients.

In addition to the aesthetic influences, the agency's appearance also can effect clients' ability to get around the agency, according to Gutheil. For many clients in nursing homes and psychiatric institutions, being able to find their way around the facility is a common problem. However, if objects and pathways appear to be different from how they actually are, if common areas such as bathrooms and offices are not clearly visible, then way finding can induce feelings of frustration and incompetence in anyone, and especially among those with mental and physical limitations. "Clearly architectural exaggeration should never elicit distorted responses," says Remen (1991). "Visually, the concept of *cue*, -which can be defined as a perception having problem solving properties- is especially important. Some cues in the perception of space are the relative size of objects, their interposition in front of each other, linear perspective of convergent or divergent lines, light and shade, uses related to stereoscopic vision and ocular convergence sensations, and the presence or absence of texture" (115). It should be easy to locate entrances/exits, bathrooms, offices, etc.

Remen suggest that in order to do this persistent environmental legibility should be maintained. Building structures should be adequately proportioned, areas should be clearly marked by visual cues such as signs or color and texture shifts, objects and pathways should be similar to those found in most other settings, and in general, things should exist the way they appear to exist.

Another aspect of appearance is the thermal and tactile images evoked by objects. Ruesch and Kees label



this as object language and assert that these objects and textures evoke “a variety of anticipations to touch sensations.

Wood against wood, metal against brick, a stiffened fabric against a soft and pliable one- all set up ‘chords’ of tactile images that often produce sharp and immediate physical and emotional reactions” (146). Therefore efforts should be made to ensure these reactions are soft, smooth, warm and pleasant rather than rough, hard, cold and unpleasant.

The last aspect of appearance could go without mention because it is so obvious. The physical environment needs to look like it is well-maintained and accommodating to clients. Unclean, disheveled, unkempt agencies communicate disregard for these clients' worth. The landscape, building, bathrooms, waiting areas, and offices, or any other space clients will come in contact with, need to be clean and maintained.

### **Spatial Arrangements**

An often overlooked, yet a key factor contributing to client satisfaction, is the spatial arrangements within agencies. These include the way seating is arranged within the waiting room (mainly side by side or having many catacorners), designs of objects and where they are placed (such as intricate wallpaper), and the effect of transitional spaces (corridors, stairways). In order to create the most useful spatial arrangements that best facilitates therapy, it is essential to have preconceived goals for which the spatial arrangements can aid in accomplishing.

Hall (1966) coined the term ‘proxemics’ to label the theories and observations about how people utilize space. An understanding of proxemics is crucial for successfully manipulating space to attain an agency’s goals concerning whether or not clients communicate with each other in the waiting room, and how much communication is desired between clients in the waiting room. Key concepts in proxemics are sociofugal spaces, which are spaces that keep people apart, and sociopetal spaces, which are spaces that tend to bring people together. The two primary variables to manipulate when trying to control communication levels are personal space and eye contact.

Kahalas (1978) suggests that man, like other animals, requires a certain degree of territory that he can assert ownership over in order to feel safe, thus the reason for man having personal property. When in his own territory he functions with an orientation of strength. When in public arenas he lack visible private property, therefore, strength must be assumed through ownership of his own personal space. A man needs a certain degree of freedom from intrusion in the area that surrounds him. When that area is invaded he feels threatened.

Many times the public setting does not afford man with the space to not feel threatened causing much discomfort in him. "Extended crowding.... has been shown to become quite stressful and will produce many of the same responses familiar to animals, particularly hostility and aggression" (254). In some social welfare settings crowded lobbies are a routine occurrence and when dealing with humans who do not adapt as well to societal pressures (such as crowding, standing in line), hostility and aggression are likely outcomes to these invasions.

The solution to this problem of overcrowding, as Baum and Davis (1976) suggest, lies in manipulating the perceptions of the participants. "Light colors apparently cause interiors to appear larger, increasing the amount of space perceived as available for use by those in the setting. As a result, it appears that more people can comfortably use the setting, and the threshold for crowding will be increased. Dark colors, on the other hand, seem to result in perceptions of decreased spatial availability, which lower the threshold for crowding and cause individuals to perceive the setting as being crowded with fewer others present" (540). In addition to the hue of the room, crowding perception can also be alleviated by increased visual complexity. The more non-social stimuli present in the waiting room, such as art, posters, reading material, games, windows, intricate designs, lamps, etc., the more people are able to occupy themselves less with the stress of the densely populated waiting room.

The other variable, which is related to personal space, that effects interactions between people is eye contact. As Kahalas says, "eyes serve the unique social function of being able to invade or protect people and to terminate or encourage encounters." "The function of EC (eye contact) is to signal response and indicate open channels of communication. EC is a component of intimacy and physical closeness and as proximity increase and personal space is invaded, less eye contact is used. This indicates that EC also service as a protective device against invasions of privacy" (253). (This is where increased visual complexity might also help).

The best way to control for eye contact is by organizing seating arrangements in patterns that optimize (or the reverse, depending upon your goals) eye contact. In Kahalas it is stated that "if a person happens to be in a spatial position which increase the chances of his being more completely observed, the stimulus values of his ideas and statements increases by virtue of that very factor of his greater physical and expressive impact on others" (253). Therefore, side by side seating will produce the least amount of communication, sitting opposite will produce more communication, and sitting across corners will produce the most because of the visibility and physical closeness.

Though it is beneficial to design spaces to enhance organizational goals, one should keep in mind that, as mentioned earlier, that participants do not always utilize space the way it was intended. Therefore, as Hall mentions, “what is desirable is flexibility and congruence between design and function so that there is a variety of spaces, and people can be involved or not, as the occasion and mood demand” (20).

When accommodating information about how people use spaces (proxemics) with your organizational goals it is important to include transitional spaces into these considerations. Resnick and Jaffee points out that corridors, hallways, vestibules, and stairways can convey a message of normlessness, which is dangerous if clients interpret this as freedom to behave in an unconventional or harmful manner. Therefore, these spaces should be viewable for supervision and have relevant indicators of expectations, such as signs, arrows, etc., so clients know how they are supposed to behave.

### **Other Physical Considerations**

Thus far, in the preceding discussion, the therapeutic capabilities of the physical environment have been primarily viewed through a visual medium. However, as Fitch discusses, the physical environment’s effect upon the person involves “total sensory perception.” “To be truly satisfactory the building must meet all of the body’s requirements, for it is not just upon the eye but upon the whole man that its impact falls” (79). A consequence of this understanding of ‘total sensory perception’, is that it is necessary to explore what physical factors are present that can influence clients therapeutically by influencing non-dominant senses, such as touch, smell, sound and the internal senses. Sunlight, aroma, the natural environment, and music are some of the factors.

### **Sunlight**

Controlling sunlight penetration in therapeutic environments is important because of its effect on the physiology of humans. In an article by Boubekri, Hulliv, and Boyer (1991), it is suggested that sunlight has direct effect upon a person’s mood (arousal), which impacts emotion, cognition, behavior, and health. Sunlight does this by affecting autonomic arousal, influencing the parasympathetic and sympathetic systems in humans, which effect constriction of pupils, heart rate, glandular activity, blood vessels, and the smooth muscles in the digestive and reproductive organs (Neilson, 1960).

In their study on sunlight penetration’s impact on mood, Boubekri et al, found that by controlling the

degree of sunlight penetration in offices, it is possible to control arousal and, therefore, the affective and cognitive abilities of office workers. The best amount of sunlight penetration is 15% to 25%, up to 40% is acceptable, to best facilitate relaxation. Efforts should be made to avoid glare, which impedes visual acuity and is distracting.

“Sunlight sparkles are preferable to large floods.” “Designers can determine the desired amount of sunlight penetration by taking into account the size of the window, the type of shading system, the seasonal, daily, and hourly sun position variations, and the orientation of the building” (491). Therefore, careful attention should be paid to the type of window used and its placement in the agency.

### **The Natural Environment’s Therapeutic Affect**

The importance of windows is not only related to degrees of sunlight penetration, but also has significant relevance for facilitating other therapeutic effects. Gutheil suggests that windows afford clients with opportunity to engage in deep, explorative thought, while also symbolizing an encouragement for open communication. In addition, because of their access to the outside, windows provide clients with the therapeutic sensations induced by the natural environment.

Theodore Roszak (1996) posits the argument that the natural environment (the outdoors) is a core component for our overall well being and consideration for its effect should be incorporated into any therapy efforts. “Nature heals’ is one of the oldest therapeutic dicta.... when highly stressed people are asked to visualize a soothing scene, nobody imagines a freeway or shopping mall. Rather, images of wilderness, forest, seascape, and starry skies invariably emerge” (24). Hartig, Mang, and Evans (1991) echo these sentiments. They suggest that natural environments elicit a fascination response in humans, along with a feeling of being away. This reduces mental fatigue by providing a break from the stress of the habitual daily grind, increasing attentional capabilities as a result of the reduced mental fatigue and, therefore, producing restorative effects in the person. Studies by Mehrabian and Russell (1974, 1975) and Ulrich and Simons (1986) show that simply by viewing slides of nature scenes, positive feeling and increased physiological recovery were recorded from subjects. An explanation for this may be that nature provides a stimulus that continuously elicits affect in a physiologically non-taxing manner (Hartig et al.). Also, “restorative effects can be realized in a range of natural settings that include urban parks and wilderness areas” (23).

From the preceding discussion we conclude that simple, briefly viewed aspects of nature can have relaxing effects upon an individual, which facilitates the therapeutic process. This supports the claim that therapeutic gains are possible from the glimpses of nature that windows provide. In settings where visualization of the natural environment are not available because of a lack of scenery (trees, grass, hills, windows, etc.), then, from the above studies about nature slides, it can be assumed that paintings or posters of nature scenes on agency walls may elicit the same, or similar effects as viewing the actual natural environment would afford. The presence of plants in the agency's interior may also be a plausible representative of nature.

### **Aromatic Affects**

An integral part of the total effect of the natural environment on humans is the refreshing smells that it elicits. Windows provide an opportunity to partake in this sensation. The effects of fragrance are useful in altering mood and curing psychological problems, as is done with aromatherapy. Aside from its longstanding validity as therapeutic from experiential knowledge, empirical studies have also been conducted proving the sedative effects of fragrance upon the Central Nervous System (Yagy, 1994). Aromatherapy uses a variety of fragrances (lavender, jasmine, mint, etc.) to alleviate tension and anxiety. Though the absence of mood enhancing aromas may not be therapeutic, because of their ability to help facilitate the therapeutic process they should not be taken for granted. Plants may serve as aromatic agents along with other agents, such as incense or sprays.

### **Musical Affects**

An additional way the natural environment could have therapeutic affects on people may be the soothing effect of natural sound, such as leaves fluttering in the breeze, birds merrily chirping, the pitter-patter of rain, etc. However, more therapeutic significance may be achieved through the use of music, as indicated from a study by Ortiz and Johnson (1991), where "ratings of Winston, Bach, Vivaldi, and Frangue were higher than ratings of Zen music and birds and waterfall sounds" (162). Another study by Devlin and Sawatzky (1987), indicated that sounds are effective for inducing alpha states, which can produce feelings of relaxed alertness and well being. Some studies have concluded that slow, soothing music in a major mode produces increased communication satisfaction, where fast, stimulating music is distracting (Blood and Ferris, 1993; Prueter and Mezzano, 1973; Stratton and Zalanowski, 1984). Stratton and Zalanowski further suggest that music may help focus attention because it keeps the person from

paying attention to irrelevant stimuli.

They explain, though, that the effects of music are not universal and “it may be risky to assume that music precategorized as soothing or stimulating will not have any consistent or unitary effect on all subjects” (18). Though music will not have relaxing and attention keeping effects upon everybody (maybe even be slightly annoying for some), music can help in facilitating positive interactions for many in therapeutic settings. Blunt (1994) states that “music links with our innermost emotional, spiritual, and most private selves. Music helps us to feel more human. It brings us into very close and immediate contact with the people around us and at the same time connects us both with images from the past and predictions for the immediate future” (1).

Even if music does not relax a client or increase their attention, it may serve the useful purpose of distracting the client from long periods spent in waiting. “Listening to music could provide an aesthetic experience of quality and was regarded by many (in reference to the early use of music in hospitals) as a very humane way of occupying patients time” (4).

When assessing what physical factors will be implemented into conscientious environmental design, it is important for the social worker to keep in mind some other considerations that have the potential to elicit positive and negative reactions in clients. These other considerations include the role of the receptionist when interacting with clients, the prevalent cultural characteristics of the agency’s clientele, and the time clients spend waiting for services.

### **Receptionists’ Influence on Clients**

There is a good deal of literature addressing the importance of the role of receptionists in general practice. In what some might traditionally view as a clerical role, receptionists’ garner a great deal of power when interacting with clients and staff in a clinical role. They are capable of being the number one factor determining whether or not a client has a positive or negative experience. In a study by Maluccio, the receptionist was found to be the sole reason for clients continuing in therapy.

“At the time of the study, the receptionist was a warm and caring person who related easily and spontaneously to people and who was very effective in meeting clients and making them feel at home. Her work area was located directly across from the waiting room, thus facilitating interaction between her and the clients while they were waiting for their appointments. Many clients reported that she was very interested in them and that they could talk easily with her about such

matters as current events or, in some instances, about some of the changes and experience in their lives from week to week. Several clients indicated that, as a result of the receptionist's encouragement, they decided to continue in treatment despite their ambivalence" (739).

Without a doubt, it is certain that clients form their initial impressions (that is, initial 'social' impressions considering the impact of physical influences such as location, appearance, etc.) of an agency from their contact with receptionist, whether in person or over the telephone. In almost all cases, the receptionist is the first point of contact (Shaw, 1992; Arber & Sawyer, 1985; Quintana, 1974; Maluccio, 1979). As Quintana explicitly states, "the receptionist *is* the counseling center at the moment of initial contact..., and this responsibility should never be put too far out of sight" (441). It is at this point when the initial tone of therapy is set for the client.

Other than providing the first social contact with clients, receptionists fulfill other roles that have consequences for clients. In many agencies receptionists act as gatekeepers (Arber & Sawyer), controlling access to professional staff. Receptionists are asked to determine the urgency with which cases must be dealt with, and schedule appointments according to their judgement. Clients access to professional staff via the telephone is also controlled by receptionists' decision making capabilities. If these receptionists have biases toward certain populations this may be demonstrated through the use of the "gatekeeping" power they wield. In Arber and Sawyer's study on the influence of receptionists, they found that receptionists showed bias toward people with certain age and socioeconomic statuses, showing favor for older adults over young mothers and for those demonstrating middle class attitudes and values. However, even if receptionists are mature enough to recognize their own biases and keep them from surfacing in their decision making, they do not usually have the necessary skills needed for determining the urgency of cases.

Receptionists make these decisions regarding urgency during their typical information gathering intake sessions. Often times, counselors will request their insights because receptionists observe client behavior that is different in front of them, as lay people, as opposed to what behavior is displayed by clients in front of counselors, who are authority figures. However, these are untrained judgements on the part of the receptionists and may, if taken as truth, affect the counselors' perceptions negatively. When receptionists gather intake information, or through seemingly inconsequential chit-chat, clients may begin to present their problems to the receptionists, asking for advice and insights concerning their situation (Shaw). Sometimes the receptionists are required to provide

immediate solution making because of the absence of a counselor. Receptionists, though, are typically not trained for dealing with in-depth counseling.

### **Strategies for Positive Receptionists' Influence**

Arber and Sawyer acknowledge that explicit formal and informal rules will help to clarify receptionists' response in many situations, however "because unpredictable and emergency situations are a frequent occurrence in general practice, it is probably impossible for the work of GP's receptionists to be completely codified" (912). Having extremely rigid rules and procedures also inhibits adequate performance during situations for which flexibility is required.

Shaw asserts that the best thing to do is to equip receptionists with many of the same skills that counselors have. Basic counseling skills will help in listening, clarifying data, and recognizing emergency and non-emergency situations. A systems framework can enable "the receptionist to have an understanding of their linking role in the therapeutic 'chain'—that is, the process in family systems that may result in one member ringing the service, and the way in which the information the receptionist gathers is used and built on by the intake worker in the intake system" (41). Confidentiality should be stressed because of receptionists' continual contact with clients. This will ensure that receptionists do not whimsically discuss clients' information that they contain when working in the receptionists' area. Personal self-awareness will help receptionists recognize their biases, issues of transference and counter-transference, and how they react in certain stressful situations.

As was mentioned previously, receptionists represent the agency at clients first contact with the agency. In creating positive first impressions it may be helpful to hire friendly, obsequious people as opposed to those who are unfriendly, and curt. Another helpful idea may be to take advantage of spatial arrangements by arranging the receptionists' office so that it is visually and verbally accessible to clients, thereby garnering greater interaction between the receptionists and clients.

### **Cultural Considerations**

At the same time that the receptionists' influence upon clients' behavior is considered, it is equally important to consider clients' cultural characteristics. Given social workers' predisposition toward being aware of and respecting cultural differences among people, it would make sense to include cultural considerations into the



training of receptionists and in decision-making regarding physical influences. Cultural characteristics and, therefore, needs stemming from cultural influences should be a primary factor influencing the design of the physical environment, especially if a significant portion of an agency's clientele is not from mainstream culture. Segall (1966) states that culture influences a person's perception. By not attending to different ethnic idiosyncracies, the client may perceive the agency to be communicating disdain or disregard for different cultures. "Although there is only one environmental situation, there are as many surroundings as there are components from whose point of view the process can be viewed" (Proshansky et al., 36). In social work settings the clients should be the primary component considered.

On a macro level it is important to understand the design traditions of the given culture for those the agency may be serving. Pirani, (1997) states, "architects with often limited knowledge of their foreign clients' culture and design traditions.....(create) important buildings, many that will stand for decades as civic symbols" (36). Building an agency that looks 'modern' in the southwest, surrounded by adobe-like structures would communicate a blatant disregard for the adobe-like style, which may be offensive to native peoples or Hispanics or even Caucasian residents who identify with the style.

A major cultural difference that can be accounted for through spatial adjustment is that of the cultural differences of personal space. Though humans all share the same physiological base, culture defines how those physiological traits will be expressed. Kahalas asserts that "a society's culture sets the norms for interpersonal distances and distance then becomes a cultural variable. Arabs and Latin Americans, for example, interact within a space that most Americans would find uncomfortably close..." (252). In Resnick and Jaffee, Kaplan and McLaughlin were cited for their observations about how the unconventional geometry of the spaces found in a mental health center led clients to believe that there was an acceptance of unconventional interactions.

Therefore, if your primary clients were Hispanic, it would be good to arrange seating that is rather close, move the location to a setting populated primarily by Hispanics, play Hispanic lobby music, have a Hispanic receptionist, and put Hispanic artwork on the walls. All of these Hispanic influenced stimuli will communicate a feeling of care and worth to Hispanic clients.

## **Waiting Time Considerations**

Mindfulness of how receptionists interact with clients and exhibiting an appreciation for clients' culture are helpful for making clients feel comfortable but may be useless if the clients have to wait for an extended period of time. It is common knowledge that clients suffering through a long waiting period is an endemic problem in many social service settings. "Federal Express advertises that waiting is frustrating, demoralizing, agonizing, aggravating, annoying, time-consuming, and incredibly expensive" (84). Obviously, if a client has these emotions at the agency, therapeutic possibilities will be aggravated, especially with many social service clients who already have problems with emotions and decision making. As a result, some clients may get angry from waiting and leave the agency, though the services are essential to these clients' well being.

A key idea useful in handling this problem is understanding that what is perceived and expected by clients are psychological realities not entirely dependent upon the reality of actual time elapsed (Minden, 1994). In other words, a client may wait an entire hour before receiving services but may not be agitated because the client felt like the wait was more like twenty minutes rather than an hour. There are eight principles useful for managing client perceptions when waiting.

### **Strategies for Managing Wait Time Perceptions**

-*"Pre-process waits feel longer than in-process waits."* Here the receptionist can, by being attentive, ensure that clients are greeted and processed quickly after entering the agency.

-*"Unoccupied time feels longer than occupied time."* This is where having windows, televisions, magazines, intricate designs, background music, paintings, etc. can absorb a client's interest, thereby decreasing the perceived time spent waiting.

-*"Anxiety makes waits feel longer."* Visual stimuli may reduce anxiety from crowding. Fresh air and sunshine from windows may calm the person, along with soothing background music.

-*"Unexplained waits feel longer than explained waits."* The receptionist can communicate that a wait is necessary and why.

-*"Indefinite waits feel longer than finite waits."* Here the receptionists can update the client every five or

ten minutes regarding progress and estimated time remaining. By overestimating wait time positive feeling may be elicited from the client when they perceive that they have gotten served early.

-*"Unfair waits (when newly arrived patients are seen ahead of those already waiting) are longer than equitable waits."* Have a first come first serve policy or schedule in time for emergencies. If bypass some clients make sure that you communicate this to them with your reasons rather than ignoring the situation.

-*"The more valuable the service, the longer people will wait."* This may not necessarily be true if the client has poor decision making skills regarding what's best for him/herself.

-*"Solo waits feel longer than group waits."* Once again, if there are plenty of attention absorbing stimuli in the waiting area, the client may not feel as lonely.

Also, "the reception area should be acoustically secure from the conversation and equipment sounds in the business office..... otherwise, patients could feel that they have been forgotten" (or are being ignored) (87). Each year time spent on each procedure should be evaluated and changed for efficiency if quality is not sacrificed. If a client feels the wait was too long, he/she should be allowed to reschedule. Friendliness might also enhance the perception that everything is being done to ensure that the client is served promptly.

## **Conclusion**

The social and physical aspects of the agency's environment do have considerable impact upon clients. These aspects influence clients' emotions, thoughts, and behaviors in positive and negative ways, depending upon how clients perceive them. Social workers usually do not account for the physical and social influences of the agency upon their clients because social workers have traditionally viewed the counselor-client relationship as the primary therapeutic factor. However, therapy outcomes are the result of myriad influences that can positively or negatively effect clients.

An understanding of the totality of the environment's influence is important, from the smallest detail to the entire milieu of the setting, in order to understand how clients are influenced on conscious and unconscious levels. These influences range from the physical aspects such as location, appearance, spatial arrangements, sunlight, music, aromas, and the natural environment to other considerations such as the role of receptionists, the cultural characteristics of clients, and how long clients spend waiting for services.

By processing with the clients how these differing influences have, and are affecting them, the counselors communicate empathy and caring for clients' concerns regarding these issues. Processing clients' concerns is especially useful if the agency lacks the adequate resources for changing untherapeutic environmental stimuli. However, significant change can be elicited through minor changes, or a single change may serve to enhance a number of important environmental variables.

For example, instead of installing a window an agency could put up posters of natural settings: giving clients something to look at to occupy their time; reducing the stress of crowding by providing something to look at; gaining relaxation from viewing a natural environment; and inducing a feeling of caring and concern for clients on the part of the agency from the very presence of the posters. However, by installing a window the agency would accomplish all of the above plus providing sunlight that can relax the clients along with providing fresh air. Whatever environmental changes an agency does choose to implement should have clients' input throughout the assessment, planning, evaluation and implementing stages. What is most important is for the agency to be aware of how its environment influences clients, in order to account for those influences on therapy.

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